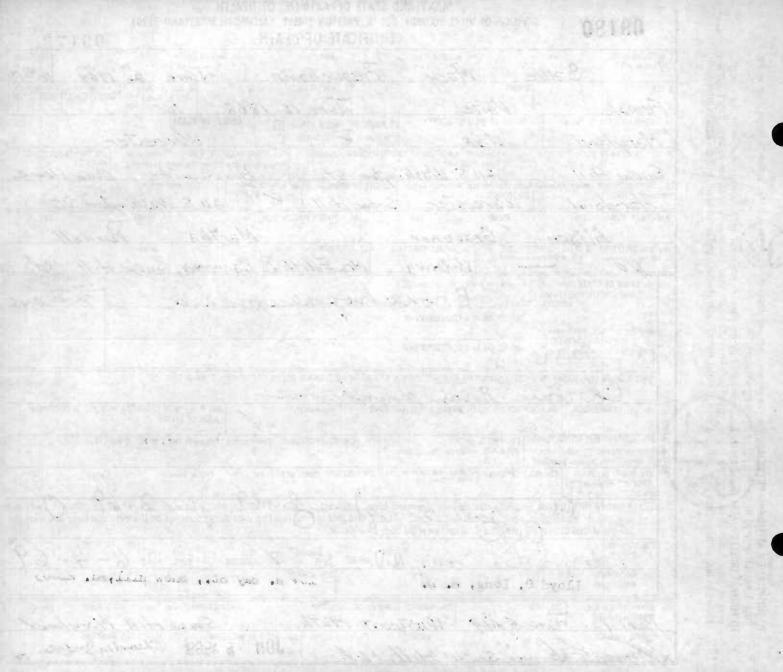
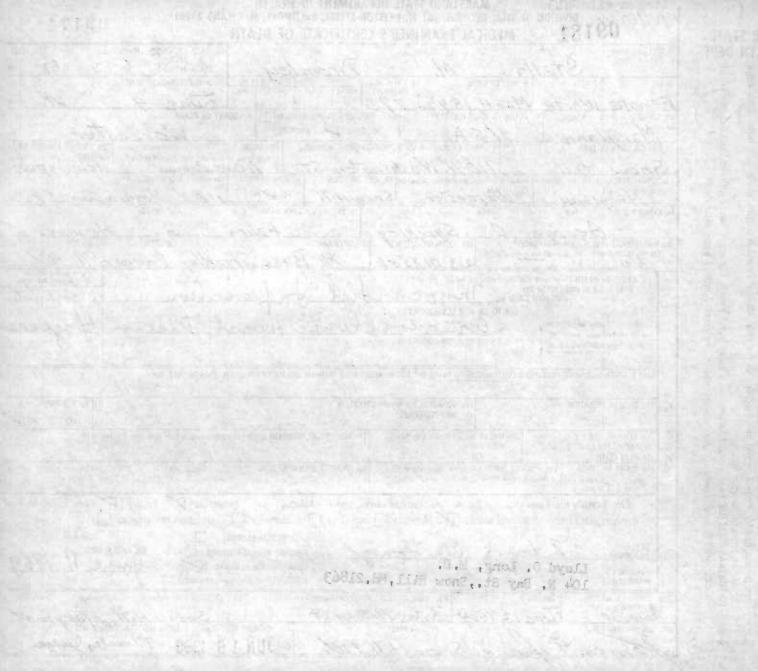
1 11	I t		N OF VITAL RECORDS, 301 W. I			LAND 21201									
FOR STATE		03113	MEDICAL EXAMINE				09172								
HEALTH DEPT.		DECEASED-NAME Firs	f Middle	Last		20. DATE KNOWN Month	Day Year 25 HOUR								
京古岛		Type or Print) Clive	James	Bass	ett	OF ESTI- DEATH MATED 6	25 690 PA								
P 3 9	3. 5	EX 4. RACE	5. DATE OF BIRTH 6. AG	E (In years IF UNDER I YEAR birthday) MONTHS DAY:		2c. DATE PRONOUNCED DEAD	2d. HOUR								
2, and 3 ta RM3. Page	_	Male White	10-20-07 6	1 YRS.	Nint.	Manth 26 Doy	Year 1969 2A M								
5 (4 6		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		UNTY OF DEATH									
E 5 E		Maryland CITY OR TOWN OF DEATH	U.S.A.		DIVORCED 🗌	Worcester	M								
offer death. 8. Give Pages 1 along with form with the State D			11. NAME OF HOSPITAL OR IN give street address).	ISTITUTION (It not in haspi		CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR								
er c Sive ng v h th	120	Berlin R.D.	Berlin sed lived, if institution: Residence before	R.D. 3	13d. INSIDE CITY LIMITS?	ming 113e. STREET AND NUMBER	Harming								
s often 18. Gi along with death.	0	idmission) STATE WWW. Md	13b COUNTY	Berlin	YES NO-	R.D. 3									
hours Item 18 Office I ond 2 v		FATHER'S NAME First	Middle Last	15. MOTHER'S A		Middle	Last								
24 hu lin Ite ris Of ris Of ris of Ite of It		Claude	Francis Basse		Edna		Holloway								
hin 24 hours ofter de nati in Item 18. Give P niner's Office along wi pages 1 and 2 with the hours ofter death.		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY N		son-in-la	ADDRESS	HOLLOWAY								
within pencil xamine ile page 72 hou		Yes, no, ar unknown) (If yes give	war or dates of service) 215-36-13		t Ewell	Berlin M	d. R.D.3								
ed v in Sil Es		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
be executed within "pending" in pencil inter Medical Examine Insit permit. File pagevent within 72 hou		PART I. DEATH WAS CAUSE IMMEDI.	ATE CAUSE (a) PAYOUNG	/ Acciden	tal drown	ing	?								
ex bend f Me f Me it p		9197	DUE TO, OR AS A CONSEQUENCE OF												
d be d "p Chie rrans y ev		Conditions, if any, which gave rise to immediate couse (o),	(b)												
shauld be executed with the word "pending" in perto to the Chief Medical Exa, burial-transit permit. File I in ony event within 72		stating the underlying cause last.													
INER: This certificate shauld be executed within 24 hours ofter deatle e certificate, writing the word "pending" in pencil in Item 18. Give Pag should be farworded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages I and 2 with the Struction, or removal, and in any event within 72 hours ofter death.			(c)	DELATED TO THE TERMINA	L DISTACE OD COUNTY	AN OWEN IN DARK IV									
This certificate cote, writing the be farworded to be used os o kor removal, and		TAKT 2. OTHER SIGNIFICANT COND	THORS CONTRIBUTING TO DEATH BUT NOT	KELATED TO THE TERMINA	IL DISEASE OR CONDITIO	ON GIVEN IN PART I(0)									
wor wor sed oval	CERTIFICATION	19a. DATE OF OPERATION	20. AUTOPSY?												
te, far far rem	TIFIC		WAS PERFORMED?				YES NO								
ER: This certificate, ould be faces.		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING [21b. TIME OF INJURY Manth, Doy, Yeo HOUR A.M.	r 21c. HOW INJURY	OCCURRED (Enter note	ore of injury in Part 1 or Part 2,	Item 18.)								
INER: This certificate, writh should be farwor files. 3 should be used notion, or remova	MEDICAL	CAUSE OF DEATH	P.M. 19												
	×		PLACE OF INJURY (At home, form, street, ctary, affice building, etc.)	21f. LOCATION Stre	eet or R.F.D. No.	City or Town	County Stote								
L EXAM ecute the Poge 4 or your R: Page	00	AT WORK AT WORK			F-194										
bical Examiner: se execute the cert ector. Poge 4 should ned for your files. RECTOR: Page 3 shou o burial, cremotion,			ook charge of the remoins describe			spection 🔭 Inquiry 🛣									
blease estained director. DIRECTO DIRECTO To but		death resulted fram:	Natural causes , Acciden	7		Undetermined manner									
TY please Y, please Prol direct oe refaine RAL DIREC		ACTUAL DO	Rond & We	Kill	CHIEF MEDICAL EXAMIN		CICALED								
UTY,	3	SIGNATURE	7-19 6. 6	m.v.	ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM	titilities land	6-26-69								
no DEPUTY DICAL EXAM necessory, please execute the funerol director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S Cliff	rd E. Schott, M		ADDRESS(Street, city, to		ester Co.								
the He	230		DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(Caunty) (State)								
				Memorial		Berlin Word	ester Md								
10		FUNERAL DIRECTOR	ADDRE		2So. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	SIGNATURE								
VR A15ME (5) 10M REV. 1/68		anna A. Burba	age Berlin, Ma	ryland	DATEJUL	2 1989 Och	100								

Total Shapes The Tree Bern World W. R. Sales Sales to some extrem The Manager Program of the Control o MARYLAND STATE DEPARTMENT OF HEALTH



1		tem2a FilmG413 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	3/	19/69 181 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a DATE KNOWN Month Day Year 2b HOUR
		(Type or Print) Stella M. Bromley DEATH MATED 6 9 1969 M
1 0 3 %	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 year leader 24 Hrs. 2c. DATE PRONOUNCED DEAD 2d. HOUR
Sny delg 2, and PM3.	1=	emale White May 11 1892 77 YRS. MONTHS DAYS HOURS MIN. June 9 Year 1969 M
2, 1		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form form	1.	Maryland USA WIDOWED DIVORCED Worrester Md.
thin 24 hours ofter deoth nucl in Item 18. Give Poges 1, niner's Office along with form pages Iond 2 with the Stote Dipours ofter death		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.) 12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 11b. KIND OF BUSINESS OR during most of working life, even if retired.)
h th th	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13ceffy OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER
s offer along along the death		admission State West 13b. Worcester Snow Hill YES NO 410 N. Washington St.
24 hours in Item 1 r's Office es 1 ond 2		FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle foot
4 h	1	George C. Shackley Laura G. Hearne
hin 24 ncil in niner's pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS
within n pencil Exomine Exomine	L	Yes, no. acunknown) (If yes give war or dates of service) 213 017586 Mr. Base Shockley Snow Hill, Hill.
be executed will pending in pending in pending in penief Medicol Exoransit permit Elle event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
xecuted nding" ir Medicol permit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial of function / minute
be executed 'pending'' in iief Medicol E insit permit. E event within		Conditions, if any, which gave) DUE TO, OR AS A COMSEQUENCE OF Conditions, if any, which gave)
ould by vord " he Chie al-tran		rise to immediate couse (o). (b) with the first first of the first of
should be en word "per or the Chief" burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
This certificate should be executed within 24 hours ofter dooth icate, writing the word "pending" in pencil in Item 18. Give Pog be forworded to the Chief Medical Examiner's Office along with 18 be used as o burial-transit permit. Elle pages lond 2 with the Sto or removal, and in any event within 72 hours ofter death		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
VIO	Z	
te, writin forword forword e used os	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
This cate, be for	RTIF	YES NO IF
4 0		216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AINER: he certif should files. 3 should motion, o	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State
		WHILE AT WORK AT WORK AT WORK
DEPUTY DICAL EXAMINER: cessory, please execute the certile funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,		220. 1 certify that I toak charge af the remains described abave, held an Autopsy , Inspection , Inquiry , and in my opinion
CTO buri		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner
please e I director retained or to bu		CHIEF MEDICAL EXAMINER
nry, ple eral di be refu RAL Di		ACTUAL SIGNATURE Llayd Oc Long M.D. ASSISTANT MEDICAL EXAMINER 22h DATE SIGNED
DEPU Scessor e fune may b FUNER		EXAMINER'S Illoyd O. Long, M.D. Deputy Medical examiner June 11, 1969
TO DEPUTY DICA necessory, please exthe funeral director. 5 may be retained for FUNERAL DIRECTOR Health, prior to bur	220	NAME (Type) 104 N. Bay St., Snow Hill, Mi. 21863 ADDRESS(Street, city, town, or county) Burial, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
7 - 12 -	230	REMOVAL (Specify) (Solid Red - With 1: +
Mary 12 12 18 18 18 18 18 18 18 18 18 18 18 18 18	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	1	Josman F. Mannie Snow Hill Mel. DATEJUN 1 6 1969 Minutes Judge.
//1	7	The state of the s



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON S	STREET, BALTIMORE 1, MARYLAND
	ب همی	U9182 CERTIFICATE OF DEATH	09175
	the funeral street death	a. COUNTY Worcester MARYLAND a. STATE M	Where deceased lived, If institution: Residence before admission) b. COUNTY Orester
	Hours af	write RURAL and give nearest town) Bes	side corporate limits, write RURAL and give nearest town)
	20 是是4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	R, T, D, e. IS RESIDENCE ON A FARM? YES NO
	completely ve carbon event, within	3. NAME OF DECEASED (Type or print) First Middle Last 4.	DATE Month Day Year OF DEATH Sune 10, 1969
	and any any	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH TEMPOL WILL WIDOWED DIVORCED COM. 11. 188	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	e be sician lease and i	Thousewife INDUSTRY Working life, even if retired) INDUSTRY	y & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	death certificate le attending physi permit. Then ple ion, or removal, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. / INFORMANT	Cooper Address
	death or ion, or	(Yes, no, or unkown) (If yes give war or dates of service) Harry Dos	naway, Borlin, My
7	aw requires that the death certificat tending physician. Its been signed by the attending phy as the burial-transit permit. Then prior to burial, cremation, or removal,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ditis INTERVAL BETWEEN ONSET AND DEATH
2	w requires ending phy as been sign as the buri	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	
	or al	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ASE GONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ysician; hospital is certific ached for ept. of He		ury in Part I or Part II of Item 18.)
		20c. TIME OF INJURY Month, Day, Year Hour a.m. And Hour a.m. Hour p.m. 19 at work at work 20d. INJURY OCCURRED And And Andrews And Andrews And	20f. (City or town) (County) (State)
	L OR ATTENDING y be retained by y be retained by JORECTOR: After age 3 should be jied with the Staf	21. I certify that (I) (this hospital) attended the deceased from 1 19 and that death occurred at 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Tax, from the causes and on the date stated above
	L OR ay be age 3 filed w	22c. PHYSICIAN'S	
	O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY	23d. LOCATION (City, town or county) (State)
	Eg 5 p 2	Bura apr. 13, 1969 Kehoboth	Whalewell Md. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	Richard 1, Walson Selbyrelly, Del DATE UN	1 6 1000 my la garden

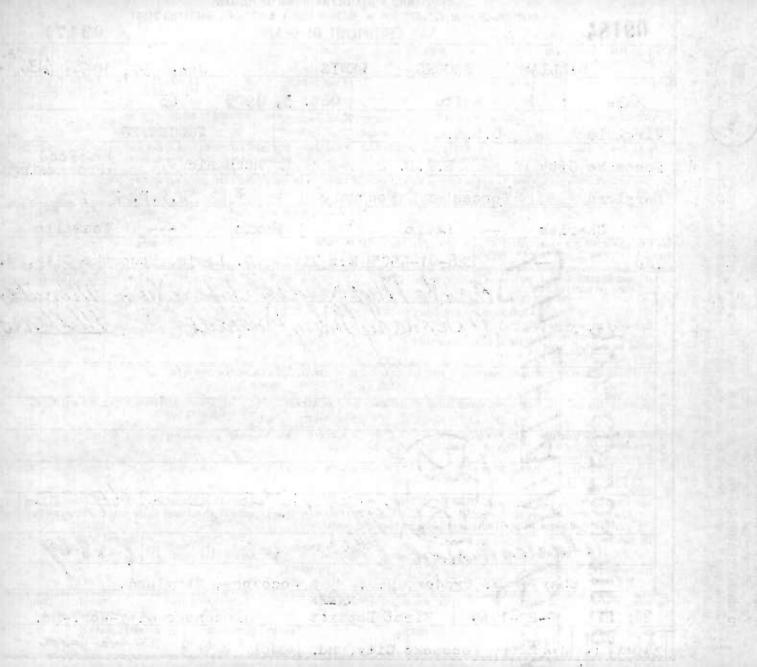
BEADWE SAL

The House Br.

	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	09183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09176
FOR STATE HEALTH DEPT.	DECEASED-NAME First Middle Lost 20. DATE KNOWN TO	
	(Type or Print) OF FSTI-	-
ay is 3 ta Page ent of	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if UNDER ? YEAR IF UNDER ?4 HRS. 2c. DATE PRONOUNCE	Nume 27 1969 M ED DEAD 2d. HOUR
del and tme	Female Neuro Fan. 22 1924 45 YRS. MONTHS DAYS HOURS MIN. Month	Doy Yeor 1969 M
- TA 18	o. BIRTHPLACE (Stote or Greign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEYER MARRIED 9. COUNTY OF DEATH	
TEN 13	Virginia U.S.A. WIDOWED DIVORCED U	Vorcester Md
Give Pages and with the State.	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if	
after death S. Give Page plang with with the Sta eath.	Snew Hill Husewife	Olen Home
5 0 72	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY 13b. COUNTY STATE 13b. COUNTY 15b. STATE 1	MBER
hours Office I and 2		Niddle Lost
	A PAINER'S WAME 11151 IMOUTE COST 15. MOTHER'S MAIDER WANTE 11151	
hin 24 ncil in I niner's pages I hours	io. WAS DECEASED EVER IN U.S. ARMIN FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRI	Unknown_
hauld be executed within ward "pending" in pencil the Chief Medical Examine rial-transit permit. File page n any event within 72 hou	(Yes, no, or unknown) (If yes give war or dates of service) Use Kroning Herming Hollingth Su	me Hill MO!
id with the line per	18. CAUSE OF DEATH (Enter only one couse per line for (g)(b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed in in ief Medical E. Insit permit. Fi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	2 4/28
be exe	303, 2 DUE TO, OR AS A CONSEQUENCE OF A 1 /	
be hief	(conditions, if ony, which gove rise to immediate couse (a), (b)	15 NG
shauld be e ne ward "pel a the Chief ! burial-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she w he w ta th buri	(t)	
ER: This certificate shauld be executed within certificate, writing the ward "pending" in pencil auld be forwarded to the Chief Medical Examines. hould be used as a burial-transit permit. File pagian, ar removal, and in any event within 72 hou	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certific icate, writing be forward and be used as ar removal,	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1)	20. AUTOPSY?
his cate, ye for e for rem	WAS PERFORMED?	YES NO
#		or Port 2, Item 18.)
INER: Tile certifice shauld be files. 3 should language.	CAUSE OF DEATH P.M. 19	
EXAMINER: cute the certifage 4 shauld ryaur files. Page 3 should tremation, cremation, I, cremation,	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County Stote
AL EXAM execute the in. Page 4 if for yaur TOR: Page urial, crem	WHILE NOT WHILE AT WORK AT WORK AT WORK	
ICAL E executor Pare Pare For CTOR: For burial,		nquiry ond in my apinion
directange of DIRECTA	death resulted fram: Natural causes Accident [], Suicide [], Hamicide [], Undetermined	manner
JIY DICA iry, please e eral director be retained RAL DIRECT priar to bu	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL C	22b. DATE SIGNED
SSSGTY, P funeral day be r JNERAL Ith pric	SIGNATURE TO AFFICIAL EVALUATION AND THE PROPERTY AFFICIAL EVALUATION AND THE PROPERT	6-28-69
To DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your of FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S Robert C. LaMar, M. D. 104 Bay Street DODRES (SWI, J. Bull, of College) Wo.	rcester Co.
TO DO PLACE HEAD	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or To	own) (County) (Stote)
	Removal Sune 28 (969 Williams Tuneral Home Roaner	4e Virginia
VR A15ME (5)		REGISTRAR'S SIGNATURE
10M REV. 1/68	Toman T. Home, Snow Hill, Mile DARDUNG U 1909	The state of the s

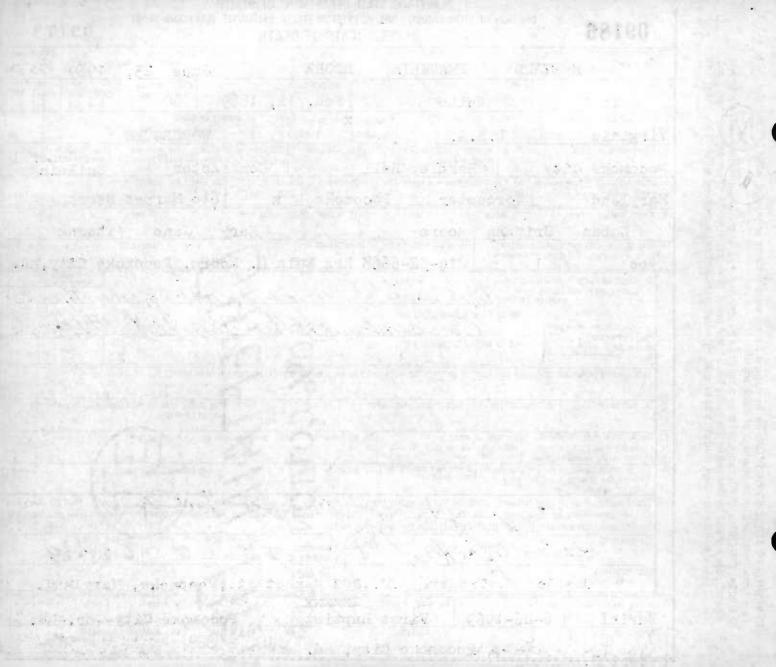
The second second in the second secon Company Company obert G. De Dy J. L. 1914 of Javes, cast 1913, d. Dager on Co. control of the state of the sta CARRELL PROCESS OF THE MUCH THE SAME AND A S

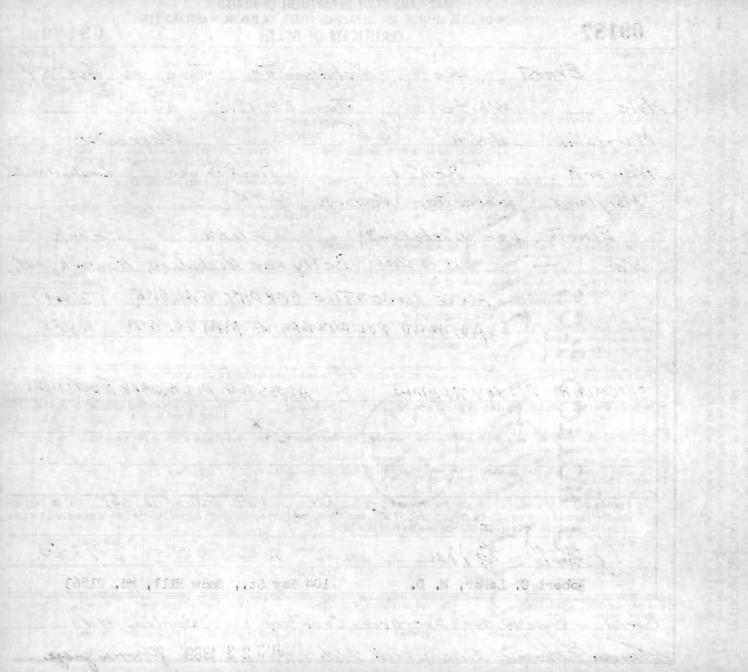
-1		09184	DIVISION OF VIT	TAL RECORDS, 3	STATE DEPART	STREET, BALTIN		ND 21201	004	de tor			
					ERTIFICATE O	PULATH			091,				
1		CEASED-NAME First (pe or print) WILL:		Middle ROOKS	LEWIS		20. DATE OF DEATH	Month _ Doy	1969	2b. HOURA			
t	3. SE.		4. RACE	Itoorio	S. DATE OF	BIRTH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
1		Male	Wh	ite	Oct	. 3. 19	05 last	birthday) YRS.	MONTHS DAYS	HOURS MIN.			
Ì	70. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		8. MARRIED X NEVER M		COUNTY OF DEAT	-					
1	cano	irginia	U.S.		_	VORCED	WOR	CESTER		Md			
I	10. C	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INST	ITUTION (If nat in haspita 2	12a. USUAL during meas	OCCUPATION (Kind		12b, KIND OF INDUSTRY	BUSINESS OR			
ŀ		ocomoke Cit;				13d. INSIDE CITY LIMI	T		Proce	essing			
ı	odmi	ssion) STATE aryland	13b. COUNTY WOrce	ster	Pocomoke	YES NO	-	.F.D. 2	2				
I	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S	MAIDEN NAME Firs		Middle	- 5-1	Last			
Į		Charle		Lewis		Roxi	e		Wesse	lls			
I	16a.	WAS DECEASED EVER IN U.S. AR	fasions of satura	. SOCIAL SECURITY N				Address	0.01570				
Į		es no, or unknown) (If yes give	- 22	28-01-45	05 Mrs V	ivian C	. Lewis	, Pocor	noke C	ity Mo			
ı		18. CAUSE OF DEATH (Enter o	nly ane cause per line fo	or (a), (b), and (c).)	n and	1:-11	91	11	BETWEEN OF	NSET AND DEATH			
١		PART I. DEATH WAS CAUSI	ATE CAUSE (a)	uxo /	Juneas	alejo	Infar	KIDM	Me	null			
ı		4109	DUE TO, OR ASTA	CONSEQUENCE OF	11 1810		1/200		111	1/001			
1		Conditions, if ony, which gave rise to immediate cause (a),	(D)	erona	Ry UNE	ber les	dest	7,511	141	rary			
1		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF		/			/				
1		lost. (c)											
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
١	NO	190. DATE OF OPERATION 19b	. CONDITION FOR WHICH (ODED ATION WAS DED	EODALD JODA AL	JTOPSY?	JOHN IE VEC	WERE FINDINGS CO	WEIDEDED IN CE	DTIEVING			
	CERTIFICATION	190. DATE OF OPERATION 190	. CONDITION FOR WHICH	OPERATION WAS FER	YES I		CAUSES OF D		MOIDERED IN CE	KIIFIINO			
1	ERT	21o. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJ	HIDV			noture of injury in F	Part 1 or Part 2 I	tom 101				
		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. M	lanth Day Year	ZIC HOW HOOK!	OCCORNED (FILLER)	notore of autory at t	on For For Z, I	10.7				
	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED 21e	iner) P.M.	19 HOME, FARM, STREET, FACT	ORY.) 214 LOCATION SE	treet or PED No	City or To	NA/P	County	Stote			
		While Nat while at wark	OFFI	ICE BUILDING, ETC.	ORY.) 21f. LOCATION SI	noor or K.I.D. NO.	City of 10	****	a.	31016			
١		22g cortify that (1) (t)	nic basnital attand	ad the decease	d from /001-1	11 1953	5 to Vien	1027 191	of that	(I) (west los			
1		22a. I certify that (I) (this hospital) ottended the deceased from Control (my) (our) opinion death occurred on the date and hour and from the											
-		couses stated abov	e, (۱) (عيد) (did) (die	not view the b	ody after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9						
	н	22b. SIGNATURE	0- 11	7 1	MA DATTEN	IDING ME	ATZ C	22c. C	ATE SIGNED	0			
1		ena	res Wal	rade	DEGREE PHYS.	DIR	D. STA	5. 46.	-28-6	7			
	k	22d. PHYSICIAN'S NAME (Type) Char	rles W. T	rader, l		Pocomo	oke, Mar	yland.	/				
	23a.		DATE		EMETERY OF CHEMATOR		23d. LOCATION (Cit	y or Town)	(County)	(Stote)			
		BWYAL(Sectiv) 6	-29-1969		t Baptist		Pocomok	e City.	-Wor	Md.			
1	24.	SUNERAL DIRECTOR	0.	ADDRESS		2Sa. REC'D BY	REGISTRAR	Sb. REGISTRAR'S	SIGNATURE	7.00			
	X	Heret 14. 117	Ban Po	comoke	City, Md.	DATE	2 1969	Milian	CAN YEAR	76			
	1	obert H. Wa	uson										



o/ 1	17-	3-69 ams	DIVISION (M A OF VITAL RE	CORDS, 301 W. PRE	STON STREET, BA	F HEALTH ALTIMORE, MA	RYLAND 21201		
FOR STATE		Item#23a,	85 FilmGhah	7/7MEDI	CAL EXAMINER	'S CERTIFICA	TE OF DEA	TH	09	178
HEALTH DEPT.	1.	PLACE OF DEATH	* IIIIIOUIU	1/1/09	(CH)	2. USUAL RESID		osed lived, if institution		re odmission)
is to be		o. COUNTY	WORCE	STUR	2 MARYLAND		LORIPE			
delay 3		o. CITY OR TOWN (If	outside corporate limits give nearest tawn)	1122	c. LENGTH OF STAY IN 16	c. CITY OR TOW	(N (If outside corpo	rote limits, write RUR	AL ond give neore:	it town)
E TE	-	I. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospitol, gi	ve street oddress)	d STREET ADDS				e. IS RESIDENCE
alte D						1915 N	W 39	aue.		ON A FARM? YES NO
24 haurs after death. If on them 18. Give Pages 1 or Office along with fam. 25 1 and 2 with the State Death.		NAME OF DECEASED (Type or print)	DA	VL	Middle	hANNIL	4. DATE OF DEAT	6	20 Doy	Year 1969
of the state of th			6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	DEAT	9. AGE (In years lost behave)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS.
urs c n 18 ice a d2 w d2 w eath.	10.	MAND	IVE GRO	WIDOWED	DIVORCED	3-26	1915	3 18 Yrs.		
4 haurs Item 18 Office Tand2 v			e, even if retired		ID OF BUSINESS OR PUSTRY	11. BIRTHPLAC	E (Stote or foreign	Wales a	12. CITIZEN OF	Q-
d within 24 in pencil in Examiner's File pages 72 hours afte	13.	FATHER'S NAME	~ ~			14. MOTHER'S A	MAIDEN NAME	Sports-	30,50	
ratifity of the page of the pa	10	unkn	IN U.S. ARMED FORCES?	1 1/ 5	OCIAL SECURITY NO.	Z INFORMANI_	tnow	Addres		
vacuted with personal control of personal cont	(Y€	s, no, or unknown) (1	f yes give wor or dates of	service)	7-16-5587	here king	n 1001		Ten to	nous Fo
This certificate shauld be executed within 24 haurs cate, writing the ward "pending" in pending in Item 18 be farwarded to the Chief Medical Examiner's Office of the used as a burial-transit permit. File pages 1 and 2 w removal, and in any event within 72 hours after death		18. CAUSE OF DEA	TH (Enter only one cous			3000			INT	ERVAL BETWEEN SET AND DEATH
shauld be e he ward "per ta the Chief I burial-transit n any event v		984X	IMMEDIATE CAUSE (-/-	ROWNING	Walter Co.			15	mn
the the urial-		Conditions, if ony, v	which gove	(b)						
g the sed taged to be din din		rise to immediate stating the underly	ying couse DUE							
vrificat vriting varded varded al, and	~	PART II. OTHER SIGN		(c) ONTRIBUTING TO	D DEATH BUT NOT RELATED	TO THE TERMINAL DISI	ASE CONDITION GI	VEN IN PART 1(a)	19.	
farv farv movc	CATION					4		` `	Y	PERFORMED?
=	CERTIFICATION	20o. EXTERNAL CAUS PRIMARY OF OF CONT CAUSE OF DEATH.	E WAS RIBUTING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of in	njury in Port I or P	ort II of item 18.)		
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year	20d. IN.	JURY OCCURRED 20e.	PLACE OF INJURY (Hor	me, form, 20f.	(City or town)	(County)	(Stote)
XAM te th ge 4 yaur yaur rema	MEI	Hour o.m. p.m.	19	While ot wark	ot work	foctory, street, office b				
MEDICAL EXA please execute director. Page retained for you. DIRECTOR: Page or to burial, crem to burial, crem					ains described above, Accident ,			tian 🔀 , Inqu	/ Lungar	l in my op i nio
EDIC ase a sined sined o bur		/	d from: Natura	a L	22		MEDICAL EXAMINER	Undetermined mo		
Y M , ple al di		SIGNATURE	1 annil	9 1	dhen	m.D.	ANT MEDICAL EXAM	-		22. DATE SIGNED
O DEPUTY MEDICA necessary, please extremel director. 5 may be retained 6 FUNERAL DIRECTOR. Health prior to buring		NAME (Type					MEDICAL EXAMINI s (Street, city, tow		4	123/69
ro DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your for FUNERAL DIRECTOR: Page Health prior to burial, crema	230	BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d.	CATION (City or Tov	(County	(Stote)
	24	FUNERAL DIRECTOR	1 6-12	7-69	ADDRESS 1	m own	d. REC'D BY REGIS	TRAR 25b. REC	GISTRAR'S SIGNATU	RE PROPERTY
VR A15ME (5) 6M 1/67	C	Larett	UB. V	oller	Tit. 2 Ver	with o	JUN 3 0	1969 00	learly &	udge.

Experience of the state of the second 92/85/3 The state of the s willy to may offer the





	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		09188 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09181
HEALTH DEPT.	1. D	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Day Yeor 2b. HOUR
		(Type or Print) EWARD WILLIS REDDEN OF ESTI- DEATH MATED June	
> m 0 ±	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
2, ond 3 PM3, Po	Ma	ale White 4-4-1898 71 YRS. MONTHS DAYS HOURS MIN MOUTH 9 OF THE PORT OF THE PO	Year 19 69 5:10 M
		BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
es 1, form		Tryland U.S.A. WIDOWED DIVORCED WORCESTER	Md.
after death olang with the Sto		CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Occomoke City II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	2b. KIND OF BUSINESS OR
1 3 S S S S S S S S S S S S S S S S S S		Ocomoke City Broad Street USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	youstry Farming
2 wife		Initial CTATE 101 COUNTY	treet
haurs af Item 18. Office old 1 ond 2 wi		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
14 h		John Purnell Redden Cordelia	Mason
within 24 haurs after death. pencil in Item 18. Give Pages kaminer's Office olang with for le pages I ond 2 with the Store 72 hours oftendeoth	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
be executed within 24 haurs "pending" in pencil in Item 18 vief Medical Examiner's Office ansit permit. File pages 1 and 2 veent within 72 hours oftend	,,	Yes na, or unknown) (If yes give wor or dates of service) 218-12-1661 Mrs Thelma F. Redden Pocomo	ke City, Md.
red vol Ex		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding ledic		IMMEDIATE CAUSE (a) Myo Cardial Organicum	1 minute
e execute pending" ef Medico nsit permit		Canditians, if any, which gave) DUE TO, OR AS A CONFEQUENCE OF	Sans 124.
ould be executed vord "pending" in the Chief Medicol E. ol-transit permit. Fony event within		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Total gran
should be executed to word "pending" is the Chief Medical buriol-transit permit.	3	last.	. ()
D = = - 0 E		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iffing arde d as	NO		
cerri wro orwi mov	ICATI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
MINER: This certificate writin the certificate, writin 4 should be forward riles. The files. The files. The files. The files. The files.	CERTIFICATION	21 a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port 2, Iten	YES NO NO
R: ertifi uld ould ould	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	, 10.,
KAMINER: te the certified to the certified of the certified form files. age 3 should cremotion,	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE of factory, affice building, etc.)	
ICAL EXA execute for. Poge ed for you CTOR: Pag burial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection 🖳 Inquiry 🖳	and in my apinian
JICA lease ex director. estained DIRECTOR	1	death resulted fram: Natural causes 📝, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
please direct direct DIREC or to &		ACTUAL CHIEF MEDICAL EXAMINER C	Chien
EPUTY. Sssory, ple funeral di ay be rett INERAL D ITH ITH ITH ITH ITH ITH ITH IT		SIGNATURE CON C. PONG M.D. ASSISIANI MEDICAL EXAMINER CON CONTROL OF THE SIGNATURE	· 11 1969
O DEPUTY SICAL E		EXAMINER'S NAME (Type) 104 N. Bay St. Snow Hill, Md. 21863 ADDRESS(Street, city, tawn, ar caunty)	211,1101
TO DEPUT necessory the funen 5 may be 10 FUNER/ Health p	23a	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF THE 23d LOCATION (City of Town)	County) (State)
	_	Burial 6-11-1969 Beth Eden Cemetery Worcester Coun	
VR A15ME (5)	24.	FÜNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SH Clianta POCOMORE City Md DANIN 16 1969 Clianta	
10M REV. 1/68	Ц	TOCOMORE OLD, Ma. Doc 10 1000	1 Hostales
		Robert H. Watson \	

TOTAL SET TO THE PROPERTY OF T Salita da como Ligita de la como Ashi C. Soos, M.D. Tok H. Wy St., Show All, 18. 7.869 Contraction of the second of t AND REPORT OF SEC. 2.1 MILE TO THE PERSON OF THE PROPERTY OF T

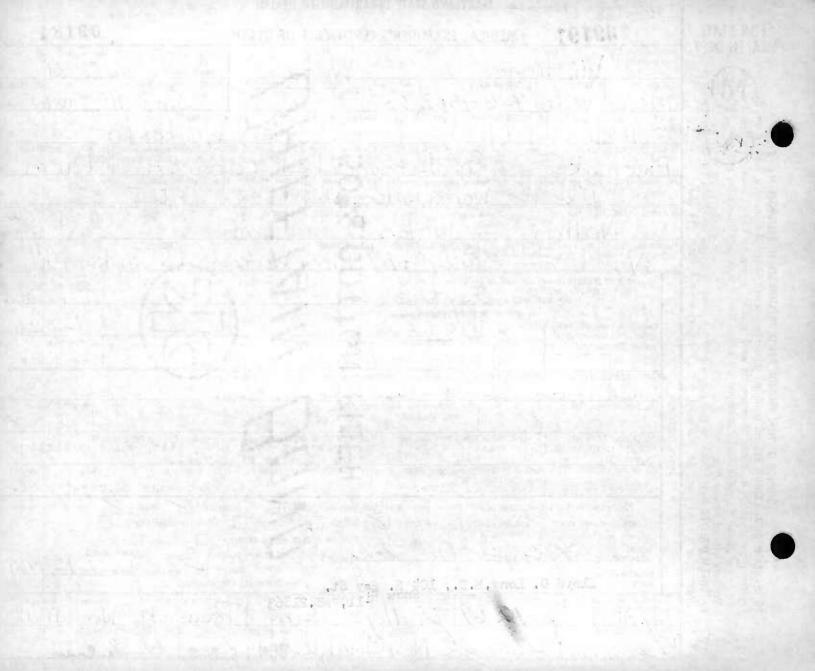
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAKTLAND STATE DEPAKTMENT OF HEALTH

									DA.
								77.67	
199 115			THE SE				. 110		
			•						
		•					600		
		Market Street			distant.				
				. •					
A Trinco Doctor	Liverin	. 18	TUSEOUT	A DIME TO	LIGGE .	- Kokr			

	J.t.	ems 18-21 Film 414 MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE HEALTH DEPT.		199191 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09184
		DECEASED-NAME Type or Print) And the state of the state	h Doy Yeor 2b. HOUR ne 7 1969
	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F UNDER 17 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months Day's Hours Min Month Day	2d. HOUR
f ony delay		BIRTHPLACE (Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	10 year 1969 N
- S - E		OHY) MIDOWED DIVORCED WOY CESTED DIVORCED DIV	Me 12b. KIND OF BUSINESS OR
de W	13	Ocomoke give/street oddress) Pocomoke during most of vorking life, eyen if retired. USUIAL RESIDENCE (Where deceased lived if institution, Pesidence before 13 ONTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
alo alo		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 OTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY WORCES ET TOCOMORE YES NOW R. F. D. I	
BALTIMORE, 24 hours afti in Item 18. G r's Office alar ss 1 and 2 with	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Rishan
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yos give war or dates of service) 212-18-6789 Harry Waters ADDRESS OCOM	ske Md
W. PRESTON STREET, be executed within I "pending" in pencil hief Medical Examine ransit permit. File page event within 72 haus		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed shauld be executed e ward "pending" in a the Chief Medical Bourial-transit permit. I in any event within		9/0.9 IMMEDIATE CAUSE (o) Caphysicalian Due To, OR AS A ONSEQUENCE OF	2 minutes
S, 301 W. Pl shauld be e ne ward "per to the Chief I burial-transit in any even		Conditions, if only, which gove nise to immediate couse (o), stoting the underlying couse (DuE TO, OR AS A CONSEQUENCE OF	4 menute
DS, 301 V e shauld the ward ta the CF to burial-tra		lost. (c) Alcohol intoxication	1-2 hours
VITAL RECORDS, This certificate scate, writing the be farwarded to the used as a buryemayal, and in removal, and in the used as a buryemayal, and in the use of the u	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
VITAL RECORDS This certificate cate, writing the be farwarded to be used as all referenced and referenced, and referenced, and referenced.	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
<u> </u>		210. EXTERNAL CAUSE WAS NOT 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M.Approx. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part, 1 or Port 2 Probably fell off piling h	, ltem 18.) e was sitting
	MEDICAL	CAUSE OF DEATH P.M.June 7, 1969 on at edge of river. 21d. INJURY OCCURRED WHILE AT WORK AT WORK POCOMOKE River Pocomoke Pocomoke Pocomoke	County State
DIVI EXA/ Ecute 1 Page 4 or you R: Page	12		Worcester Md.
MEDICAL (Please exect director. Post prince for DIRECTOR.) Prince for DIRECTOR.		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	er _
TTY MEDICA ry, please everal director. be retained		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DA 22b DA	ATE SIGNED
		EXAMINER'S NAME (Type) Lloyd O. Long, M.D., 104 N. Bay St. ADDRESS(Street, city, town, or county)	une 12, 1969
TO DEPU necessor the fun 5 may 70 FUNE Health	230	PURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETER TO CREMATY 21863 23d. LOCATION (City or Town)	(County) (State)
VR A15ME S	24.		R'S SIGNATURE
10M - 1/89	X_	arrive Laver New Church, Up. 1949 1969 orten	Par Gredge



	1 0	246	0	DIVISIO	N OF								IMORE,		AND 21	201				
FOR STATE	1)	919	12			MEDI	CAL	EXAM	INER	'S CE	RTIFIC	CATE	OF DE	ATH				09	185	
HEALTH DEPT.	1. DECEAS			Firs	st		77.00	Midd	le			Lost	TIO-		20. DATE	KNOWN	Month	Doy	Yeor	2b. HOUR
ay is 3 ta Page	(Туре с	Printj	R	OBEI	RT		R	AND			WEA	AVEF	3		DEATH	ESTI- MATED	6.	- 16	1969	8:00 M
Pa Pa ent	3. SEX		4. RAC	E	S. D	ATE OF B	IRTH		6. AGE	In years	IF UNDER	1 YEAR DAYS	IF UNOER HOURS	24 HRS MIN.		PRONOUNC				2d. HOUR
any delay in 22, and 3 the PM3. Page partment of	Ma]	е	Wh:	ite	2-	-2-1	890		79		MONTHS	DATS	HOOKS	Zenie,	Mon	o	196	Ye	19 69	8:10 M.
2, 2, n P	70. BIRTH				7b. CITI	ZEN OF W		JNTRY?	8.		RIED NE	EVER MAI	RRIED	9. COU	NTY OF D					
for the second	Pehr	syl	van	ia		V.S					WED X		RCED			CESTI				Md.
within 24 haurs after death. Iny delay is a pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with farm PM3. Page File pages 1 and 2 with the State Department of 72 haurs after death.	10. CITY O					11.	NAME OF	HOSPITA	thres:	MATERIA	Aver.	hospitol	12o. U	ISUAL O	CUPATION f working	(Kind of w	ork done	12b. KI	NE OF BUS	MESS OR
W # g ke d	Pocc					(A)	& W	ill		stre		To a	HC	use	Pa	life, even i intel		Pai	ntir	g
nin 24 haurs after of half in Item 18. Give half in Item 18. Give half in Item 18. Give harry a factor of the haurs after death haurs after half in Item 19.	130. USU/			ere deced	osed live	d, if insti	itution: 1	Residence	before 1				d. INSIDE CITY			ET AND NU				
haurs after 18. G Office alan land 2 with	Madriss				100.			ste:		Poc	omok		YES 🔀 I		8.	Willa		tree		
hau lterr Offi	14. FATHER			First		Midd	lle	187	Lost		15. MOTHE	ER'S MAI	DEN NAME	First			iddle		Lost	
in in sr's sr's	160, WAS [John		FORCEC		1,00		eave		INFORMA	AAIW			-1	unkno				
d within 24 in pencil in Examiner's File pages n 72 haurs	(Yesano	or unkno	DWN)			es of service)		OCIAL SEC			. INFORMA		127		7)			7		
Exar Exar File		_	_	-			-	4-16		2Uq	MeTr	son	Wear	er,	יסע	ver,	Pen	1SY I	APPROXIMATE	
ing in dial E	18.		OF DEATH DEATH W			couse per	line for	(o) (b), (ond (c).)	-	11	no.	ma and	10.1	0	111	CIN	В	TWEEN ONSET	ANO OFATH
ding ding leding		111	10	IMMED	IATE CAU			TU	VIC	-	60	KO	IN ISH	7	0	CCLI	1210	-	13/	11/10
be executing pending in the following in the following in the following	Con	itions, if	f ony, whi	ich gove		DUE 10, C	K AS A	CONSEQUE	NCE OF	4 5	11	150	OTLO	i	1/170	11-	DIC	12011-	-5-	1100
vord " vord " ne Chii al-tran	rise	o imme	ediote co	use (o),	1	(b)	OR AS A	CONSEQUE		0 3	C	2/-	010		75,701	-	11154	1984	/	7.10
shauld be executed to word "pending" or the Chief Medical burial-transit permit in any event within	last.	ig the i	underlyin	g couse)	/)	JK NJ N	CONSEGO											-	
are shape to sed to and it	PART	2 OTHE	R SIGNIFIC	ANT CON	IDITIONS	(c)	ITING TO	DFATH B	UT NOT F	RELATED T	O THE TER	MINAL D	ISFASE OR	CONDITIC	N GIVEN 1	N PART 1(o	1			
	13																			
This certificate, writing be farward do be used a ar remayal,	CERTIFICATION 130.	DATE OF	OPERATIO	ON				CONDITION		HICH OPER	RATION							2	O. AUTOPS)	/?
A far	E E						1	WAS PERF	ORMED?										YES	NO 🔲
7 0 0			OR CONTR			1b. TIME C		/ Month, D	oy, Yeor	21	c. HOW IN	IJURY OC	CURRED (Er	nter notu	re of injur	y in Port 1	or Part 2,	Item 18.)		-C-1,11
KAMINER: te the certi ge 4 shauld your files. age 3 shaul crematian,		SE OF DE		KIBUTING			P.M.		19											
MIN the r fill 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			CCURRED			F INJURY		ne, form,	street,	21	f. LOCATIOI	N Street	or R.F.D. No		City	or Town		Cour	nty	State
DICAL EXAMINER: se execute the cert set of the	AT	ORK	NOT WHILE AT WORK		00,00,0	THE DONE	mig, oici,								337	706				
ICAL EX e execut tar. Pag ed far y CTOR: P burial,						-							psy [],		spectian	X , 1	nquiry [Z (and in m	y apinian
crtar crtar bed bu		death	resulted	from:	No	wral ca	uses 2	A, A	ccident		Suicide		Hamicia	de 🔲	Unde	etermined	manne			
lease directory birectory	l ac	UAL	/	1	no.	All		4		5		CHI	EF MEDICAL	EXAMIN	ER 🔲			LATE	,	
y, ple rral di AL Di priar		NATURE	1	10	equ	115		16		na	7 M.		ISTANT MED				22b. DAT	E SIGNED	11/1	0
DEPUTY DICAL Excessory, please exect may be retained far FUNERAL DIRECTOR: palth priar to burial.		MINER'S		Dal	hant	- 0	To	Man	1./	D			UTY MEDIC				77.0	1	10/0	
TO DEPUTY DICA necessary, please ex the funeral director. 5 may be retained TO FUNERAL DIRECTOR		ME (Type				U .	Га	Mar			ON ERPAR	14C	なれいい。	2 1004	LOCATIO	N (City or To	V Hi	(Count		rland
5 25 -					b. DATE			1 23C. NA	IME OF C	EMEIEKT	UTTERNA	HHUR)		23d	LUCATIO	M (CITY OF I	IVVIII	LUCIINI	A1 (2	tote)
	23o. BUR	QZ) JAYC	ecify)		_	1-10	60	The	be T	Far S	4 - 0	7		T	toos	Box		,		
	Bus	oval (So	ecify)		_	9-19	69	Ea	st E	Berl	in C	Cem.	2So. RFC				lin-	Adar	ns-Pe	enna.
VR A15ME (5)	Bus	OVAL (SO I al	ecify)		_	9 -1 9	7.114		ADDRES	S	17		2So. REC	D BY RE	GISTRAR	25b.		Adar S SIGNAT	ns-Pe	enna.
VR A15ME (5) 10M REV. 1/68	Bus	OVAL (SO TAL TAL DIRE	ecify)		6-19	9-19	7.114		ADDRES	S	in C		250. REC	D BY RE	GISTRAR	25b.	Lin-	Adar S SIGNAT	ns-Pe	enna.

